

Muskogee County Emergency Medical Service 1-918-683-0130 or 1-800-372-8008



Redact HIPPA Patient Care Report

Patient Information

Age: 16 Years

Gender: Male
Race: White

Call Type / Disposition

Response type: 911 Response (Scene)

Disposition: Patient Dead at Scene-No
Resuscitation Attempted (Without
Transport)Complaint by Disp: 9 Cardiac Arrest/Death
EMD Card Number: 9-E-3

Response Delay: None/No Delay

Call Location

Incident Location: Scene OF Emergency
Incident Address: 305 E CINCINNATI
City of Muskogee, OK 74401

Patient Condition

Complaint

DOA

Primary Symptom: Obvious Death
Other Symptoms: Not Applicable
Alcohol/Drug Use: None Reported

Provider Impression

Primary Impression: Dead on Arrival (DOA)

Secondary , Cardiac arrest
Impression:

Narrative

Narrative: 16 Y/O MALE PT CC- DOA

PT WAS IN JUVENILE DETENTION FACILITY AND GAURDS STATED THAT PT SHOWERED APPROX 1830-1900 AND THEN WAS LOCKED UP IN CELL. GUARDS WENT TO CHECK ON PT AND THEY FOUND THAT HE HAD HUNG HIMSELF AND CALLED 911.

PT UAA WAS LYING FACE DOWN, UNRESPONSIVE, GCS 3, LIVIDITY NOTED TO UPPER AND LOWER EXT, PT HAD HUNG HIMSELF WITH A SHEET FROM RAILING ON SINK APPROX 2 FT FROM GROUND,

PT WAS ASYSTOLE ON MONITOR, PT WAS NOT MOVED,

PD CAME AND TOOK OVER PT, SCENE WAS MARKED OFF AS POSSIBLE CRIME SCENE AND PT WAS RELEASED TO OFFICER HAMLINS, SIGNATURE OBTAINED.

Medical Necessity

ALS Assessment Yes, to determine ALS needs
Performed and
Warranted:Patient moving / None
lifting device used:

Past Medical History

Medical History: None Reported



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Personal Physician: NA

Activities**Medications****Procedures**

Time	Name	Success	Attempts
2016	ECG Monitor applied (4-lead or Pads)	Yes	1

Vitals

Time	Pulse	ECG Rhythm	Resp	SpO2	GCS	Pain
/2016	0	Asystole	0	0	3	0

Response Times and Mileage

PSAP: /2016
 Disp. Notified: /2016
 Unit Disp.: /2016
 Enroute: /2016
 At Scene: /2016
 At Patient: /2016
 Depart: /2016
 In Service: /2016

Start Odom: 0
 Scene Odom: 0
 Dest. Odom: 0

Miles to Scene: 0.0
 Loaded Miles: 0.0
 Total: 0.0

Unit Personnel**Role**

Primary Patient Caregiver

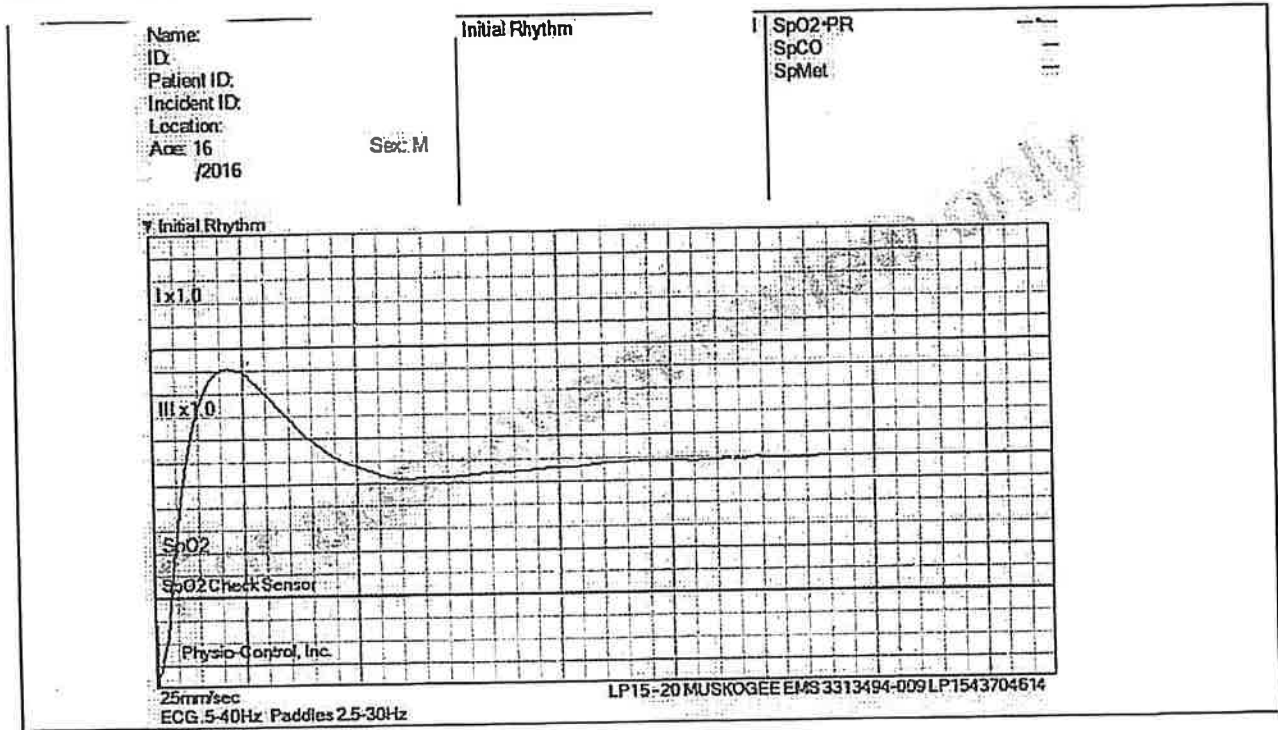
Other Patient Caregiver, Driver

Wave forms

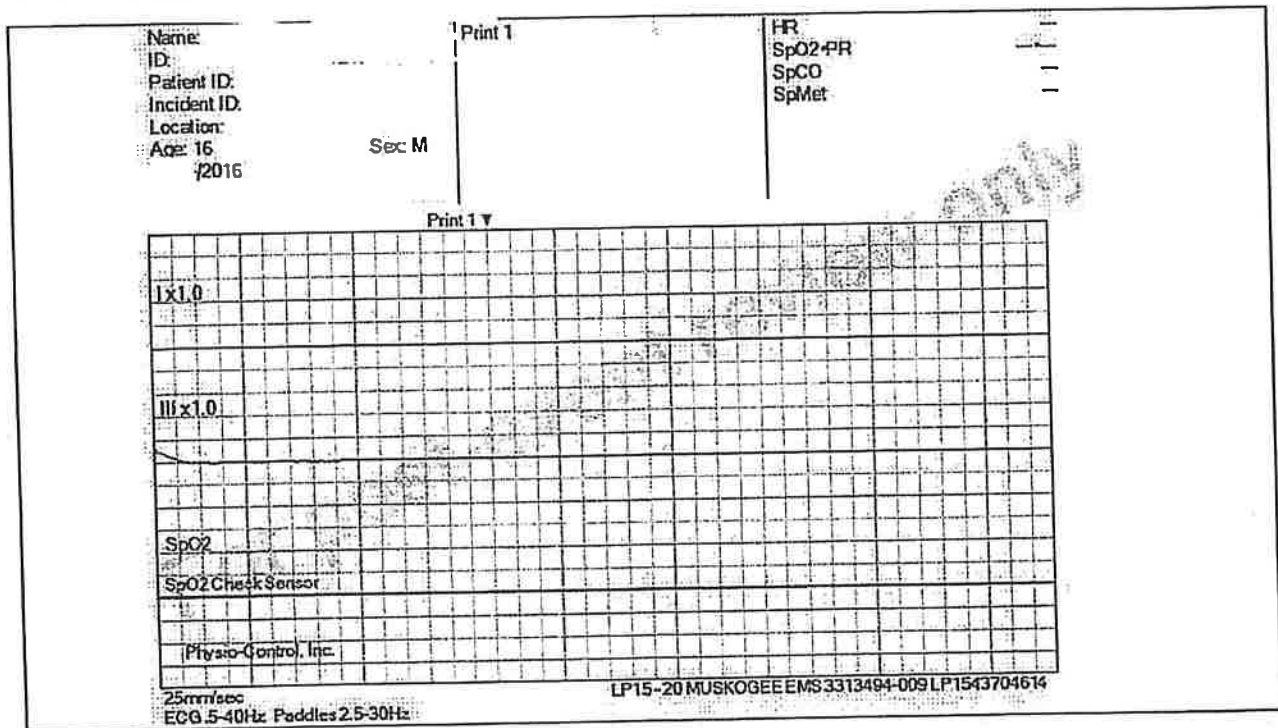
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Time: 2016



Time: /2016



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Attachments

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